Personalised Solutions through Social Prescribing: Workforce Development in Primary Care.

This paper will discuss how new personalised care roles in Primary Care can work within a social prescribing context to ensure that individuals are supported in decision making about 'what matters to them'. We will explicate the concept of Social Prescribing and describe emerging new roles and the function of the Personalised Care Institute. We conclude with implications for all nurses working within a community context.

Social Prescribing; The Context.

According to the National Academy of Social Prescribing (NASP), social prescribing (SP) is 'Supporting people, via social prescribing link workers, to make community connections and discover new opportunities, building on individual strengths and preferences, to improve health and wellbeing.' (NASP, 2020:7). Significantly, a precedence placed on the person to empower them to take an active and informed role in decision making. Within the UK, SP is an integral part of a wider NHSE personalised care agenda and one of six components of Universal Personalised Care (2019) which promotes an approach that priorities what matters to the person rather than 'what is the matter with them'. This paradigm dovetails with social prescribing through the way in which the person is supported through a wellbeing conversation that enables the individual to be central to the decision making process and feel comfortable to share their life experiences and challenges. The link worker is key to the SP process because they facilitate a wellbeing conversation, predicated on personalised principles, to understand what matters to the individual (Howarth & Donovan 2018). There are other roles in Primary Care that provide similar support – including the Health and Wellbeing Coach and the Care Coordinator who facilitate wellbeing conversations that puts the individual at the heart of decision making.

Key Social Prescribing Workforce.

According to the GP contract, these new roles are essential in securing over 26,000 additional staff needed to support the existing workforce. Of these, three key roles have emerged as part of the wider initiative to support personalised care through social prescribing. These roles are The Social Prescribing Link Worker (SPLW), the Health and Wellbeing Coach (HWBC) and the Care Coordinator (CC). Collectively, these three roles will support a personalised care approach and help individuals to make positive behaviour changes based on what is important to them for example, the social prescribing link workers give people time and focus on what matters to them, using personalised care and support planning (PCSP) and health coaching approaches to help them gain more control over their lives and improving health and wellbeing through connecting people to local community groups and activities that promote health and wellbeing (such as the arts, sports or natural environment). A similar role is provided by Health and Wellbeing coaches who provide support for issues such as weight management, managing chronic pain, living with depression, and anxiety. In addition to these two roles, the Care coordinator works within a PCN to identify and work with the frail/elderly and those with long-term conditions, to navigate care across health and care services. They work with GPs and practice teams acting as a central point of contact to ensure appropriate support is made available to individuals and their carers.

The Role of the Personalised Care Institute (PCI).

The NHS Long Term Plan set out the NHS's aim to ensure that 2.5 million people are in receipt of personalised care by 2024. The Personalised Care Institute, a virtual organisation convened by

Royal College of General Practitioners (RCGP) on behalf of NHS England and Improvement (NHSE/I) will support the professional development of at least 75,000 clinicians in four, evidence-based components of personalised care by 2023/24:

Shared decision making, personalised care and support planning, social prescribing and community based support and supported self- management.

The Personalised Care Institute launched in September 2020 and is accountable for setting quality standards for evidence-based training, underpinned by a robust quality assurance (QI) and accreditation framework. It is accessible by for all health and care staff to undertake the very latest in personalised care training and development.

The PCI will:

- **Provide the health and care workforce** with access to training and development that will equip them with the knowledge, skills, and confidence to work differently, have better conversations, and explore the wider determinants of health and care.
- **Ensure that health and care systems have a** more consistent and coherent approach to training provision. By providing access to training that is evidence based and quality assured.
- **Promote, for the public** is a feeling of equality through being listened to and involved in key decisions, leading to more choice and control in their care and support.

Summary: Implications for Nurses Working in a Community Context.

Social Prescribing and those involved in the referral, can play a significant role in supporting the individual through personalised approaches. Roles, such as those described in this paper, are integral to this and as such, would benefit from integration into the wider multi-disciplinary team. Raising awareness of asset-based approaches that are used in a social prescription, and the referral processes involved, can help to creating new, and innovative multi-professional opportunities to collaborate for the benefit for the individual. Nurses working in a community context are in an ideal position to work with the different roles and help facilitate social prescriptions for a range of people and make 'every contact count'.

References

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